Service Category	Goal	Measure	Numerator	Denominator	Target %	6 Mo %	Year %	T R E N
Central Eligibility	Clients receiving services through the Central Eligibility Office will attend an HIV primary medical care visit every 6 months	Self-report answer to question on the bi-annual Central Eligibility application	The number of ongoing clients who mark "yes" to the question "Have you seen your health practitioner in the past 6 months? " on their Central Eligibility application renewal.	The number of ongoing clients who renewed their Central Eligibility that month.	80%			
	Clients receiving services through the Central Eligibility Office will report taking HIV medications.	Self-report answer to question on the bi-annual Central Eligibility application	The number of clients who mark "yes" to the question "Are you taking HIV Medications?" on their Central Eligibility application renewal	The number of ongoing clients who renewed their Central Eligibility that month.	80%			
	Clients will not have a lapse in eligibility for Ryan White Part A Services by renewing their Central Eligibility every 6 months	CareWare records	The number of clients who are "current" for RWPA services in month 6	The number of clients using RWPA services who became "current" in Central Eligibility in month 1.	60%			
Dental Insurance Services	Eligible clients who are referred through CareWare will have	Incoming referrals received through CareWare will be	Of the clients who are referred during the grant	The total number of all clients who submit a completed application	85%			

	access to oral healthcare through dental insurance.	completed within 2 business days. This means a client will be sent a referral packet with information on how to enroll in the program.	year, the number of clients who were sent a referral packet within two business days.	to the dental insurance program during the grant year.		
	Eligible clients who submit a completed application will have access to oral healthcare through dental insurance.	Eligible clients will be enrolled or added to a waiting list for the dental insurance program within 2 business days of receipt of a completed application.	Of the clients who submit a completed application to the dental insurance program during the grant year, the number of clients who were enrolled or added to the waiting list within two business days.	The total number of clients who are referred through CareWare to the dental insurance program in the grant year.	85%	
Direct Dental Services	To improve the oral health of people with HIV/AIDS by increasing utilization of available services	Number of people enrolled in direct dental services reimbursement plan that complete phase one treatment within twelve months of beginning treatment.	Number of people who complete phase one care (defined as elimination of oral disease; e.g., caries, periodontal infection) within twelve months of beginning treatment.	People with direct dental reimbursement plan who enroll at dental clinic for their oral care.	95%	
	To improve oral health of clients enrolled in	We will administer a five question survey	Clients enrolled in our program who	Clients enrolled in our program.	95%	

	1		T	1	
our program by	(see comments)	agrees to			
providing appropriate	after initial phase of	complete survey.			
education, home care	treatment				
instruction and	(elimination of pain,				
anticipatory guidance.	comprehensive				
	exam and dental				
	prophylaxis with oral				
	hygiene instruction.				
To conduct at least one	The percentage of	New Direct Dental	New Direct Dental	75%	
(1) diagnostic exam	new Direct Dental	patients who	patients who have at		
annually for new Direct	patients who have at	receive at least	least one (1) dental		
Dental patients.	least one (1)	one (1) diagnostic	visit annually.		
	diagnostic exam	exam annually.			
	annually.				
Early To link newly	The percentage of	Newly diagnosed	Newly diagnosed HIV-	85%	
Intervention diagnosed HIV-positive	newly diagnosed	HIV-positive	positive patients who		
Services patients to	HIV-positive patients	patients who meet	contact the clinic to		
Outpatient/Ambulatory	who meet the	the three	enroll in		
Medical Care. "Newly	following	measurement	Outpatient/Ambulatory		
diagnosed" means a	milestones:	criteria.	Medical Care.		
patient was diagnosed	• Has accessed				
HIV-positive no more	primary HIV medical				
than 6 months prior to	care;				
initial contact with the	•Has been assessed				
clinic.	for mental health				
	and outpatient				
	substance abuse				
	services; and				
	•Has received a				
	health literacy				
	assessment.				
To retain newly	The percentage of	Newly diagnosed	Newly diagnosed HIV-	85%	

patients in	HIV-positive patients	patients who meet	enroll in		
Outpatient/Ambulatory	who meet the	the three	Outpatient/Ambulatory		
Medical Care. "Newly	following	measurement	Medical Care services		
diagnosed" means a	milestones:	criteria.	at the clinic.		
patient was diagnosed	 Attended at least 				
HIV-positive no more	three (3) medical				
than 6 months prior to	appointments within				
initial contact with the	fourteen (14)				
clinic.	months of				
	enrollment into EIS;				
	•Has had at least				
	three (3) CD4 counts				
	and HIV viral load				
	levels within				
	fourteen (14)				
	months of				
	enrollment into EIS;				
	and				
	•Has followed-up on				
	all referrals made				
	through EIS.				
To ensure second	The percentage of	Newly diagnosed	Newly diagnosed HIV-	70%	
verified visit with a	newly diagnosed	HIV-positive	positive clients		
primary medical care	clients identified	clients who,	identified onsite who		
provider.	onsite who:	having previously	attended a first verified		
	•Consent to receive	met	visit with a primary		
	EIS services;	Goal #1, meet the	medical care provider.		
	 Attended a first 	measurement			
	verified visit with a	criteria for Goal			
	primary medical care	#2.			
	provider.				
	 Attend a second 				
	verified visit with a				

Table 2012-1		primary medical care					
		provider.					
	To connect previously diagnosed HIV positive patients identified within Correctional Health Services (CHS) to the CHS Infectious Disease Clinic for HIV specialty care.	Previously diagnosed HIV positive patients identified through the Chronic Condition, pharmacy or encounter lists are scheduled and evaluated in the Infectious Disease Clinic before release.	1) Diagnosed HIV positive patients identified within CHS scheduled for an Infectious Disease Clinic appointment but not evaluated before their release date. 2) Diagnosed HIV positive patients identified within CHS scheduled for an Infectious Disease Clinic appointment and evaluated before release.	1 & 2) Diagnosed HIV positive patients identified within CHS.	50%		
Early Intervention Services (MAI)	To link refugees who are new to the clinic to Outpatient/Ambulatory Medical Care. "Refugee" means a person who has been forced to leave their country in order to escape war, persecution, or natural disaster.	The percentage of new to the clinic refugee patients who meet the following milestones: • Has accessed primary HIV medical care; • Has been assessed for mental health and outpatient	New to the clinic refugees who meet the three measurement criteria.	New to the clinic refugees who contact the clinic to enroll in Outpatient/Ambulatory Medical Care.	85%		

substance abuse services; and Has received a health literacy assessment. To retain refugees who are new to the clinic in Outpatient/Ambulatory Medical Care. "Refugee" means a person who has been forced to leave their country in order to escape war, persecution, or natural disaster. Has had at least three (3) medical appointments within fourteen (14) months of enrollment into EIS; Has had at least three (3) CD4 counts and HIV viral load levels within fourteen (14) months of enrollment into EIS; and Has followed-up on all referrals made through EIS. Clients receiving Substance abuse services and health literacy assersive who the clinic refugees who meet the three measurement criteria. New to the clinic refugees who erroll in Outpatient/Ambulatory Medical Care services at the clinic. Feruges who meet the three measurement criteria. House to the clinic refugees who meet the three measurement criteria. Has had at least three (3) CD4 counts and HIV viral load levels within fourteen (14) months of enrollment into EIS; and Has followed-up on all referrals made through EIS. Clients receiving Self-report answer of the clinic refugees who meet the three measurement criteria. Has dical Care services at the clinic. Here dical Care services at the clinic. The purple who meet the three measurement at the clinic. Feruges who meet the three measurement at the clinic. Feruges who meet the three measurement are fugees who erroll in Outpatient/Ambulatory Medical Care services at the clinic.	Table 2012-13					
*Has received a health literacy assessment. To retain refugees who are new to the clinic in Outpatient/Ambulatory Medical Care. "Refugee" means a person who has been forced to leave their country in order to escape war, persecution, or natural disaster. **Attended at least three (3) medical appointments within fourteen (14) months of enrollment into EIS; *Has had at least three (3) CD4 counts and HIV viral load levels within fourteen (14) months of enrollment into EIS; and *Has followed-up on all referrals made through EIS. **Clients receiving** **Clients receiving** **To retain refugees who assessment. New to the clinic refugees who enroll in Outpatient/Ambulatory Medical Care services at the clinic. **New to the clinic refugees who enroll in Outpatient/Ambulatory Medical Care services at the clinic. **Pathence (3) medical appointments within fourteen (14) months of enrollment into EIS; *Has had at least three (3) CD4 counts and HIV viral load levels within fourteen (14) months of enrollment into EIS; and *Has followed-up on all referrals made through EIS. **Clients receiving** **Clients receiving** **Seff-report answer** **New to the clinic refugees who enroll in Outpatient/Ambulatory Medical Care services at the clinic. **Pathence (3) ENW to the clinic refugees who enroll in Outpatient/Ambulatory Medical Care services at the clinic. **Pathence (3) ENW to the clinic refugees who enroll in Outpatient/Ambulatory Medical Care services at the clinic. **Pathence (3) ENW to the clinic refugees who enroll in Outpatient/Ambulatory Medical Care services at the clinic. **Pathence (3) ENW to the clinic refugees who enroll in Outpatient/Ambulatory Medical Care services at the clinic. **Pathence (3) ENW to the clinic refugees who enroll in Outpatient/Ambulatory Medical Care services at the clinic. **Pathence (3) ENW to the clinic refugees who enroll in Outpatient/Ambulatory Medical Care services at the clinic. **Pathence (3) ENW to the clinic refugees who enroll in Outpatient/Ambulatory Medical Care se		substance abuse				
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forced to leave their country in order to escape war, persecution, or natural disaster. three (3) medical appointments within fourteen (14) months of enrollment into EIS; Has had at least three (3) CD4 counts and HIV viral load levels within fourteen (14) months of enrollment into EIS; and Has followed-up on all referrals made through EIS. Clients receiving Self-report answer The number of The number of clients The number of clients	"Refugee" m	eans a milestones:	criteria.	at the clinic.		
country in order to escape war, persecution, or natural disaster. ### Appointments within fourteen (14) months of enrollment into EIS; ### Has had at least three (3) CD4 counts and HIV viral load levels within fourteen (14) months of enrollment into EIS; and #### Has followed-up on all referrals made through EIS. #### Clients receiving #### Clients receiving #### Appointments within fourteen (14) months of enrollment into EIS; and ##### The number of The number of clients ##### The number of clients ###################################	person who h	nas been •Attended at least				
escape war, persecution, or natural disaster. fourteen (14) months of enrollment into EIS; Has had at least three (3) CD4 counts and HIV viral load levels within fourteen (14) months of enrollment into EIS; and Has followed-up on all referrals made through EIS. Clients receiving fourteen (14) months of enrollment of The number of clients 95%	forced to leav	ve their three (3) medical				
persecution, or natural disaster. months of enrollment into EIS; Has had at least three (3) CD4 counts and HIV viral load levels within fourteen (14) months of enrollment into EIS; and Has followed-up on all referrals made through EIS. Clients receiving Self-report answer The number of The number of clients 95%	country in or	der to appointments with	in			
disaster. enrollment into EIS; Has had at least three (3) CD4 counts and HIV viral load levels within fourteen (14) months of enrollment into EIS; and Has followed-up on all referrals made through EIS. Clients receiving Self-report answer The number of Clients 95%	escape war,	fourteen (14)				
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levels within fourteen (14) months of enrollment into EIS; and • Has followed-up on all referrals made through EIS. Clients receiving Self-report answer The number of The number of clients 95%		three (3) CD4 coun	ts			
fourteen (14) months of enrollment into EIS; and • Has followed-up on all referrals made through EIS. Clients receiving Self-report answer The number of The number of clients 95%		and HIV viral load				
months of enrollment into EIS; and •Has followed-up on all referrals made through EIS. Clients receiving Self-report answer The number of The number of clients 95%		levels within				
months of enrollment into EIS; and •Has followed-up on all referrals made through EIS. Clients receiving Self-report answer The number of The number of clients 95%		fourteen (14)				
and ●Has followed-up on all referrals made through EIS. Clients receiving Self-report answer The number of The number of clients 95%						
and ●Has followed-up on all referrals made through EIS. Clients receiving Self-report answer The number of The number of clients 95%		enrollment into EIS	:			
all referrals made through EIS. Clients receiving Self-report answer The number of The number of clients 95%			'			
all referrals made through EIS. Clients receiving Self-report answer The number of The number of clients 95%		•Has followed-up of	on			
through EIS. Clients receiving Self-report answer The number of The number of clients 95%						
Clients receiving Self-report answer The number of The number of clients 95%						
	Clients receiv		The number of	The number of clients	95%	
services through the to question on the clients who mark who received FAP-HIP	services thro	_	clients who mark	who received FAP-HIP		
Financial Assistance bi-annual Central "yes" to the clients in a given	Financial Assi	=		clients in a given		
Program-Health Eligibility application question "Are you month and renewed	Program-Hea	elth Eligibility application	on question "Are you	_		
Insurance Premium taking HIV their Central Eligibility		,		their Central Eligibility		
(FAP-HIP) program will Medications?" on that month.	(FAP-HIP) pro	ogram will	_			

	report taking HIV medications.		their Central Eligibility application			
Medical Case Management	Medical Case Management clients will attend an HIV primary medical care visit every 6 months	Self-report answer to question on the bi-annual Central Eligibility application	renewal. The number of clients who mark "yes" to the question "Have you seen your health practitioner in the past 6 months? " on their Central Eligibility application renewal.	The number of Medical Case Management clients in a given month who have received Medical Case Management services for 6 months or longer and renewed their Central Eligibility that month.	80%	
	Medical Case Management clients will report increased adherence to their medication regimen.	Ryan White Part A HIV Acuity/Risk Assessment Scale (ARA)	The number of clients who at reassessment (have received Medical Case Management for six months or more) have an ARA rating for question #9 which is higher than their ARA rating for question #9 at initial assessment.	The number of Medical Case Management clients in a given month who had a reassessment.	80%	
	All clients starting ART/HAART enrolled in Medical Case Management will	Goal will be measured over a 12- month period starting March 1,	The number of Medical Case Management clients who	The number of Medical Case Management clients who started HIV Medications	90%	

					1	
	receive treatment	2012 until	started HIV			
	adherence counseling	February 28, 2013	medications and			
	60-120 days after the	and will be	received			
	start of HIV	performed by RN	treatment			
	medications by RN	Medical Case	adherence			
	Medical Case Manager	Manager	counseling within			
			60 – 120 days			
			after starting their			
			HIV medications			
	Measurable decrease	Verified by Lab	Clients in services	All clients enrolled in	90%	
	in viral load in 90% of	reports and interim	for 6 months or	services with Agency		
	clients	medical services	more			
	85% increase in	Increase medication	Clients in services	All clients in services	85%	
	medication adherence	adherence by	6 months or more	with Agency		
		increasing health				
		education.				
	Determine rate of	Percentage of	Number of HIV-	Number of HIV-	75%	
	cervical PAP Smears	female patients,	infected female	infected female		
		with a diagnosis of	patients who	patients that attended		
		HIV/AIDS with a PAP	received a PAP	at least one		
		Smear in the past	Smear in the past	appointment during		
		year.	year	the past year		
	Determine rate of TB	Percentage of	Number of HIV-	Number of HIV-	75%	
	Screening	patients, with a	infected patients	infected patients not		
		diagnosis of	who received a	known to be infected		
		HIV/AIDS who	documented	with TB that attended		
		received a TB	screening for TB	at least one		
		Screening test in the	by PPD or	appointment during		
		past year.	Quantiferon in the	the past year		
			past year			
Medical	Define Retention Rate	1. Identify all clients	Clients who	All clients in 2010	75%	
Nutrition		in 2010 seen at least	returned in 2011			
		once.				

Table 2012-1	<u> </u>	T .	T	T	1	
		2. Identify all clients				
		in 2011 seen at least				
		once.				
	Identify* number of	Clients are identified	Number of clients	Total number of	75%	
	underweight clients in	as underweight	who gain or	underweight clients.		
	care (*RD required	when they have a	maintain his/her			
	identification)	body composition	weight			
	·	that includes body				
		fat less than 10% of				
		their usual or ideal				
		body weight.				
	Retain underweight	Defined as number	Number of	Total number of	75%	
	clients in care.	of clients seen at	underweight	underweight clients		
		least four times per	clients seen four			
		year.	times per year			
Medical	Clients receiving	Self-report answer	The number of	The number of clients	80%	
Transportation	Transportation services	to question on the	clients who mark	who received		
Services	will attend an HIV	bi-annual Central	"yes" to the	Transportation Services		
	primary medical care	Eligibility application	question "Have	in a given month and		
	visit every 6 months		you seen your	renewed their Central		
	l visit every a months		health practitioner	Eligibility that month.		
			in the past 6	Lingibility that month.		
			months? " on their			
			Central Eligibility			
			application			
	Clients receiving	Calf rapart anguer	renewal. The number of	The number of clients	80%	
	Clients receiving Transportation Services	Self-report answer to question on the	clients who mark	who received	80%	
	will report taking HIV	bi-annual Central	"yes" to the	Transportation Services		
	medications.		,	· ·		
	medications.	Eligibility application	question "Are you	in a given month and		
			taking HIV	renewed their Central		
			Medications?" on	Eligibility that month.		
			their Central			

			Eligibility application renewal			
Mental Health Services	Clients in mental health services will show an improvement in their functioning level based on a Global Assessment of Functioning (GAF) measurements.	Clients will show improvement by two or more points on the GAF measurement scale between March 1st and February 28th, 2013.	The number of clients that were seen twice or more receiving mental health services showing improvement within a six month period.	Will be based on the total number of clients receiving mental health services that have been seen twice or more in a six month period.	50%	
	To increase the proportion of mental health patients with an Initial Treatment Plan completed within ninety (90) days of an initial mental health consultation.	The percentage of Mental Health patients who have an Initial Treatment Plan developed and signed by the patient and provider no later than ninety (90) days after the initial mental health consultation.	Mental Health patients with a written and signed Initial Treatment Plan within ninety (90) days of the initial mental health consultation	Mental Health patients with at least two (2) mental health visits no more than ninety (90) days apart during the measurement year.	95%	
	To increase the proportion of mental health patients with an Updated Treatment Plan completed within one (1) year of the date the Initial Treatment Plan was signed.	To increase the proportion of mental health patients with an Updated Treatment Plan completed within one (1) year of the date the Initial Treatment Plan was signed.	Mental Health patients with a written and signed Updated Treatment Plan within one (1) year of the date the Initial Treatment Plan was signed.	Mental Health patients with at least four (4) mental health visits during the measurement year.	95%	

	[1	The same of the sa		
80% of client demonstrate toward at lea treatment pl within 6 mon initiation dat discharge) as evidenced by	notes, treatment plans, and treatment plan reviews plan reviews review of	Number of clients in treatment >6 months who have shown progress on at least one tx plan goal	All clients in treatment >6 months	80%	
progress note treatment pl	ans	Number of DUCC	Total number of allower	90%	
80% of client for twelve m more will der increase in fu as evidenced increase in G upon review assessment u	onths or monstrate unctioning by AF score of annual	Number of BHOC clients in care >12 months with an increase in GAF score	Total number of clients in treatment >12 months	80%	
80% of client demonstrate increase in fu as evidenced increase in * at each treat review (at lea every 6 mont discharge.	an treatment plan unctioning by an GAF score ment plan ast once	Number of clients who demonstrate an increase in GAF score at treatment plan review	All clients with a treatment plan	80%	
Mental healt delivered by make a posit on our client	agency receiving services for ive impact at least six months	Number of clients receiving services for at least six months who respond "Yes, very much" and Yes,	Number of clients who participated in the client satisfaction survey and have been receiving services for at least six months.	90%	

		question: "Are the	mostly" who			
		mental health	participated in the			
		services you receive	client satisfaction			
		through this agency	survey			
		making a positive	,			
		impact on your life?"				
		through the agency				
		client satisfaction				
		survey.				
	Clients who have self-	Numbers of clients	Number of clients	Number of clients who	90%	
	identified with	who have self-	offered referrals	self-identify with		
	substance abuse issues	identified with	who responded	substance abuse issues		
	at the time of intake	substance abuse	"yes" to two or	and responded "yes" to		
	will be offered referrals	issues are offered	more questions	two or more questions		
	to outside agencies	referrals to outside	indicating possible	indicating possible		
	that specialize in	agencies at the time	abuse or	abuse or dependence		
	providing treatment to	of intake, as noted	dependence on	on the substance abuse		
	the substance abuse	on the	the substance	screening tool at the		
	population.	comprehensive	abuse screening	time of the		
		assessment by	tool at the time of	comprehensive		
		responding "yes" to	the	assessment, and		
		two or more	comprehensive	documented within the		
		questions on the	assessment, and	medical record.		
		substance abuse	referral			
		screening tool within	documented			
		the comprehensive	within the medical			
		assessment.	record.			
Non-Medical	Clients receiving Non-	Self-report answer	The number of	The number of clients	80%	
Case	Medical Case	to question on the	clients who mark	who received Non-		
Management	Management Services	bi-annual Central	"yes" to the	Medical Case		
	will attend an HIV	Eligibility application	question "Have	Management		
	primary medical care		you seen your	Services in a given		
	visit every 6 months		health practitioner	month and renewed		

Table 2012-1	<u> </u>					
			in the past 6 months? " on their Central Eligibility application renewal.	their Central Eligibility that month.		
	Clients receiving Non- Medical Case Management Services will report taking HIV medications.	Self-report answer to question on the bi-annual Central Eligibility application	The number of clients who mark "yes" to the question "Are you taking HIV medications?" on their Central Eligibility application renewal.	The number of clients who received Non-Medical Case Management Services in a given month and renewed their Central Eligibility that month	80%	
	Clients in Supportive Case Management who are enrolled in Part B ADAP services will have a minimum of one laboratory testing visit per 6-month period	Goal will be measured over a 12- month period starting on March 1, 2012 until February 28, 2013	The number of clients in Supportive Case Management that are Part B ADAP eligible who meet the criteria of the goal	The number of clients in Supportive Case Management who are Part B ADAP eligible	80%	
	Clients in Supportive Case Management will be given the BEHKA- HIV assessment once within the measured period to identify additional needs in treatment adherence, mental health services, or additional patient	Goal will be measured over a 12- month period stating on March 1, 2012 until February 28, 2013	The number of clients in Supportive Case Management who participated in the BEHKA-HIV self-evaluation	The total number of clients in Supportive Case Management	80%	

	ucation.					
sta foo trai me sub	crease in basic needs ability: i.e. Housing, od, insurance, ansportation services, ental health bstance abuse eatment	Documentation of status change and/or documentation of work done to assist client in acquiring and sustaining basic needs.	All newly enrolled clients 4 months or less	Clients enrolled 12 months or less	60%	
and vali imr of t infe	monitor initial CD4 d viral load lab lues as an munologic indicator the stage of HIV fection when carcerated.	CD4 and viral load lab values	1) Number of previously diagnosed HIV infected patients evaluated by HIV case manager with an initial CD4 count greater than 350 and undetectable viral load. 2) Number of HIV infected patients diagnosed through the agency Optout HIV Screening Program and evaluated by the HIV case manager with an initial CD4 count greater than 350 and undetectable viral load.	1) Number of previously diagnosed HIV infected patients evaluated by HIV case manager. 2) Number of HIV infected patients diagnosed through the CHS Opt- out HIV Screening program evaluated by HIV case manager.	1) 50% 2) 50%	

	To compare the number of patients who give a history of meth use to a history of IV drug use.	Positive answers to assessment questions regarding use of use of meth by smoking, snorting, ingesting or injecting compared to IV drug use of other drugs.	1) Number of HIV infected patients evaluated by HIV case manager with history of smoking, snorting or ingesting meth. 2) Number of HIV infected patients evaluated by HIV case manager with history of injecting meth. 3) Number of HIV infected patients evaluated by HIV case manager with history of IV drug	Number of HIV patients evaluated by HIV case manager	80%	
Outreach	Increase new case findings average 3 case findings a month	Documented initial visits in client chart that notes client's linkage to primary HIV care.	use of other drugs. Number of individuals connected to primary HIV care	Number of referrals given to Agency through CareWare.	90%	
	Create or increase retention in primary care from case finding appointment until second follow up appointment.	Documentation of follow up (interim) services and record of second appointment compliance by either attending with client or following up with clinic to ensure	Number of individuals who attend second visit with HIV primary care	Total number of newly diagnosed clients who have attended initial linkage to primary care (1st documented visit)	90%	

		client has attended.				
	Clients identified as "Case Findings" that are referred to Primary Medical Care will have the first follow-up visit within 30 days of referral	Follow up documentation will identify specific dates within the 30 day timeframe.	80% of Case Findings will demonstrate the 30 follow up.	Will be based on the total number of case findings that have in the next six month period.	80%	
	Clients identified as "Case Findings" will be referred to Medical Case Management Services.	Follow up documentation will demonstrate the referral and entity.	Number of Case Findings that demonstrate a referral to Medical Case Management	Total number of case findings in the review period.	80%	
Primary Medical Care	To increase the proportion of patients who have at least three (3) clinical visits per year as demonstrated through participation in HIVQUAL-US.	The percentage of Primary Medical Care patients who have at least three (3) clinical visits with a provider with prescribing privileges in a calendar year.	Primary Medical Care patients with at least three (3) visits with a provider with prescribing privileges during the measurement year.	Primary Medical Care patients with at least one visit with a provider with prescribing privileges between January 1st and June 30th and at least one visit with a provider with prescribing privileges between July 1st and December 31st.	67.7%	
	To increase the proportion of patients receiving HIV risk reduction counseling at least once annually as demonstrated through participation in HIVQUAL-US.	The percentage of Primary Medical Care patients who receive HIV risk reduction counseling at least once in a calendar year.	Primary Medical Care patients who receive HIV risk reduction counseling at least once during the measurement year.	Primary Medical Care patients with at least one visit with a provider with prescribing privileges between January 1st and June 30th and at least one visit with a	36%	

Table 2012-13	<u>, </u>			T		
				provider with		
				prescribing privileges		
				between July 1st and		
				December 31st.		
	Determine rate of	Percentage of	Number of HIV-	Number of HIV-	75%	
	cervical PAP Smears	female patients,	infected female	infected female		
		with a diagnosis of	patients who	patients that attended		
		HIV/AIDS with a PAP	received a PAP	at least one		
		Smear in the past	Smear in the past	appointment during		
		year.	year	the past year		
	Determine rate of TB	Percentage of	Number of HIV-	Number of HIV-	75%	
	Screening	patients, with a	infected patients	infected patients not		
	-	diagnosis of	who received a	known to be infected		
		HIV/AIDS who	documented	with TB that attended		
		received a	screening for TB	at least one		
		TB Screening test in	by PPD or	appointment during		
		the past year.	Quantiferon in the	the past year		
			past year			
	80% of HIV-infected	Percentage of	Number of	Number of patients	80%	
	clients with HIV/AIDS	patients, regardless	patients with a	regardless of age, with		
	who utilize the services	of age, with a	viral load test	a diagnosis of HIV/AIDS		
	of the clinic will have	diagnosis of	performed at least	who have had at least		
	two viral loads testing	HIV/AIDS with a viral	every six months.	two medical visits		
	in measurement year	load performed at		during the		
	in order to predict	least every six		measurement year,		
	clinical progression	months during the		with at least 60 days in		
		measurement year		between each visit		
	80% of HIV-infected	Percentage of	Number of HIV-	Number of HIV-	80%	
	clients with HIV/AIDS	patients with HIV	infected patients	infected patients who		
	who utilize the services	infection who had	who had two or	had a medical visit with		
	of the clinic will have	two or more CD4	more CD4 T-Cell	one of our HIV trained		
	two CD4 –T-Cell counts	T-Cell counts	counts performed	providers at least once		
	testing in the	performed at least 3	at least 3 months	in the measurement		

Table 2012-1					, ,	
	measurement year in	months apart during	apart during the	year.		
	order to predict clinical	the measurement	measurement			
	progression	year.	year.			
	80% of HIV-infected	Percentage of clients	Number of clients	Number of HIV-	80%	
	clients with HIV/AIDS	with HIV infection	with HIV infection	infected clients who		
	who utilize the services	who have two or	who have two or	had a medical visit with		
	of the clinic will have	more medical visits	more medical	a HIV – trained		
	two medical visits with	in the measurement	visits at least 3	provider at least once		
	our HIV-trained	year	months apart	in the measurement		
	provider in		medical visits with	year		
	measurement year in		our HIV-trained			
	order to predict clinical		provider in			
	progression		measurement year			
Substance	Clients in substance	Clients will show	The number of	Will be based on the	50%	
Abuse	abuse treatment will	improvement by two	clients who were	total number of clients		
	show improvement in	or more points on	seen twice or	receiving substance		
	their functioning level	the GAF	more receiving	abuse treatment who		
	based on the Global	measurement scale	substance abuse	were seen twice or		
	Assessment of	starting March 1st,	treatment	more in a six month		
	Functioning* (GAF)	2012 until February	showing	period.		
		28, 2013.	improvement			
			within a six month			
			period.			
	Clients in substance	One out of every	The number of	Will be based on the	50%	
	abuse treatment will	two clients seen	clients receiving	total number of clients		
	show improvement in	twice or more will	substance abuse	receiving substance		
	their functioning level	have at least moved	treatment that	abuse treatment who		
	of progress based on	up one stage starting	have been seen	were seen twice or		
	the Stages of Change	March 1st, 2012	twice or more	more in a six month		
	model.	until February 28,	showing	period.		
		2013.	improvement			
			within a six month			
			period.			

	1		1		
To increase the proportion of completed with an initial consultation.	clients clients who have an Initial Treatment Plan developed and signed by the patient and provider no	Clients with a written and signed Initial Treatment Plan within ninety (90) days of the initial mental health consultation.	Clients with at least two (2) mental health visits no more than ninety (90) days apart during the measurement year.	95%	
To increase the proportion of completed with an Update completed with (1) year of the Initial Treatmen was signed.	clients clients who have an Updated Treatment Plan developed and hin one date the and provider no	of the date the Initial Treatment Plan was signed.	Clients with at least four (4) mental health visits during the measurement year.	95%	
50% of clients of substance abuse treatment goal demonstrate response of use within sign months of goal orientation date discharge as every by review of pronotes and treat plan.	notes and treatment plan plan ix ee or videnced rogress	Number of clients who demonstrate reduction of substance use	All clients with a substance abuse treatment goal	50%	
80% of clients substance abus	,0	Number of clients who demonstrate	All clients with a substance abuse	80%	

treatment goal will	functioning) scale	an increase in GAF	treatment goal		
demonstrate an	located on	score			
increase in functioning	treatment plan				
as evidenced by an					
increase in GAF score					
at each treatment plan					
review (at least once					
every 6 months) or at					
discharge.					